


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 08:00 A
Secretary of State

DOCUMENT # P97000040693 1. Entity Name WHITCOMB LEGAL NURSE CONSULTING, INC.		
Principal Place of Business 11354 WILLOW GARDENS DRIVE WINDERMERE, FL 34786	Mailing Address 11354 WILLOW GARDENS DRIVE WINDERMERE, FL 34786	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITCOMB, ELIZABETH A 11354 WILLOW GARDENS DRIVE WINDERMERE, FL 34786		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITCOMB, WILTON A III 11354 WILLOW GARDENS DRIVE WINDERMERE, FL 34786	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: WILTON A. WHITCOMB III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7-3-06 Daytime Phone # 407-89-9855



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3445043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000564878
05/20/06-80095-006 150.00

**DO NOT WRITE
IN THIS SPACE**